Individual Community Living Budgets (ICLBS)

April 1, 2003

Indiana Government Center

Auditorium

JOINT PRESENTATION BY

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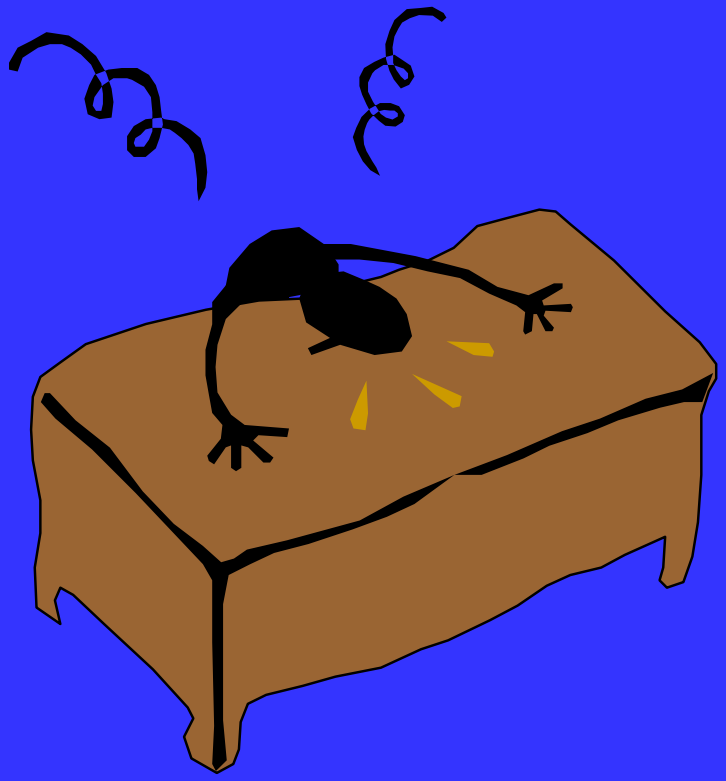
Agenda

- Overview of Process Changes
- ICLB Form Completion
- Justifications -- What is expected?
- BMRs and RLAS
- Time Frames for Submission of ICLBs
- Claims
- What's New for ICLBs
- Frequently Asked Questions (FAQs)

ICLBS



OVERVIEW OF PROCESS CHANGES

- Moved data entry from central office to the district offices
- ICLBs under $250/day are processed electronically between local BDDS and Central office BFS
- Included ability for Request for Information
- Added 10 day time frame for provider to respond to request
- Created a verification notice to be sent to providers from BFS
- Continue to work on resolution of outstanding ICLB issues and Claims

ICLB FORM COMPLETION

- Type ICLB and submit original
- No white out or cross outs.
- Use of correct Social Security Number is critical
- Important to use state contract business name listed as the provider
- Be sure demographics are accurate
- If services are on the Waiver, complete the monthly service costs for the waiver. There must be services listed on the ICLB.

ICLB FORM COMPLETION

- ICLB must be for at least 2 months
- Completed Service Planner needs to be attached to all ICLBs
- Cable costs need to be placed under “Other” on monthly living expenses.
- Med Works co-pays need to be placed under “Medical - Not Insured”
- Do not use decimals in units on Monthly Service Costs (Worksheet Page 2)

ICLB Addendum: Justifications

a. Why does the individual require 24-hour supervision?

- Justify the need. Indicate health and safety issues, such as why would this consumer be at risk of exploitation, medical issues requiring attention, behavioral issues, etc.
- Be specific on why this particular consumer cannot be left unsupervised.

ICLB Addendum: Justifications

b. Assure that health and safety needs are met:

- What safeguards are in place to ensure the health and safety of this individual?
- Is staff on call in the event of an emergency?
- Is the case manager to be notified?
- Be specific.

ICLB Addendum: Justifications

c. How do the individual's needs drive the ISP and budget?

- What are the outcomes outlined in the ISP and how are the services supporting these outcomes?
- Examples: RHS - What ADL skills are being addressed? CHP - What goals are associated with this service? Behavior Support Services -- What are the targeted behaviors?
- Be Specific.

ICLB Addendum: Justifications

d. Why does the individual require high levels of staff supervision?

- Justify the need for 1:1 supervision
- Describe what the health or safety issues would be without this level of supervision.
- Explain why this consumer cannot share staff if he/she has a housemate.
- Be Specific.

ICLB Addendum: Justifications

e. Why does the individual not have housemate?

- What is the specific reason for lack of housemate? Behaviors? Lack of opportunity? Guardian/consumer have not found anyone acceptable? etc.
- Include history of housemate attempts and reasons why unsuccessful.
- Be Specific.

ICLB Addendum: Justifications

f. What steps are being taken to reduce the individuals issues that require high levels of service planning?

- Include what steps are being put in place to address the high level of supervision. Example: How is this individual and the IDT working towards increased independence? How are the behaviors being addressed?
- How many potential housemate visits have taken place?
- What are the future plans for introducing housemates?
- Be Specific.

ICLB Addendum: Justifications

g. What is the individual's refinancing status?

- Why is this consumer not being supported with waiver services? Did not meet Level of Care?
- If not medicaid eligible, why?
- What is being done to pursue medicaid for this consumer?

ICLB Addendum: Justifications

h. Explain any required adjustment in benefits:

- Be specific about why income/benefits have changed. If consumer lost employment, SSI decreased/increased, food stamps were reduced, etc.

ICLB Addendum: Justifications

I. If there are excess assets, explain why they cannot be used

- If someone has a trust fund and these resources cannot be accessed, explain why they cannot be used to support the monthly living expenses.
- Be specific.

ICLB Addendum: Justifications

j. Justify exceeding the written Guidelines and Expectations as set out in the ICLB instructions

• Housing	$450 or up to HUD guidelines
• Utilities	$150
• Telephone	$40
• Groceries	$200
• Personal Necessities	$80
• Property Insurance	$12
• Medical - not insured	$10
• Cable	$50 Per Household

• Exceeding any of these guidelines needs justification.

ICLB Addendum: Justifications

k. Why is this ICLB submitted late?

- A late ICLB is anything not submitted prior to the expiration of the current approved ICLB or prior to the beginning of new services.

ICLB Addendum: Justifications

1. Why does the individual have a zero or amount lower than the allowable benefit listed as income and/or benefits?

- Explain why SSI is not at the maximum amount: $552/month for FY 2003
- If consumer is not receiving entitlements, such as food stamps, HUD, etc. Why not?
- If these amounts are zero or lower than allowable benefit, what is being done to obtain these benefits?

ICLB Addendum: Discretionary Funds

- If someone earns a paycheck, this form must be completed
- Include Earned Income Incentive Funds from Worksheet - page 1.
- Include lump sum payments (i.e. Social Security back pays, tax refunds)
- Any surplus income

BMRs and RLAS

- Note distinction between BMR for Adjustment in Services and Residential Living Allowance Supplement
- Both must be submitted prior to the actual increase or as soon as identification of need is made -- NOT AFTER THE FACT -- Only exception to this is in an emergency situation and even then it needs to be submitted the next business day.
- Failure to submit a BMR or RLAS in a timely manner will result in a denial.

BMR for Adjustment in Services

- May only be used to modify a budget for up to 2 months
- Cannot be used to lengthen ICLB
- Only Services BMR-able:
  - Residential Habilitation and Support
  - Health Care Coordination
  - Behavior Management

RLA Supplement

- Only one RLAS may be approved per a single ICLB. If additional funds are needed and an RLAS has been submitted for the current ICLB, a new ICLB must be submitted
- Since the RLA amount is spread over the length of the ICLB, and the RLA amount can fluctuate from month to month based upon actual expenses, planning needs to take place to identify anticipated expenses throughout the entire length of the ICLB. These expenses should be broken down into monthly amounts and included on the ICLB, then the total amount can be billed when expense is incurred.

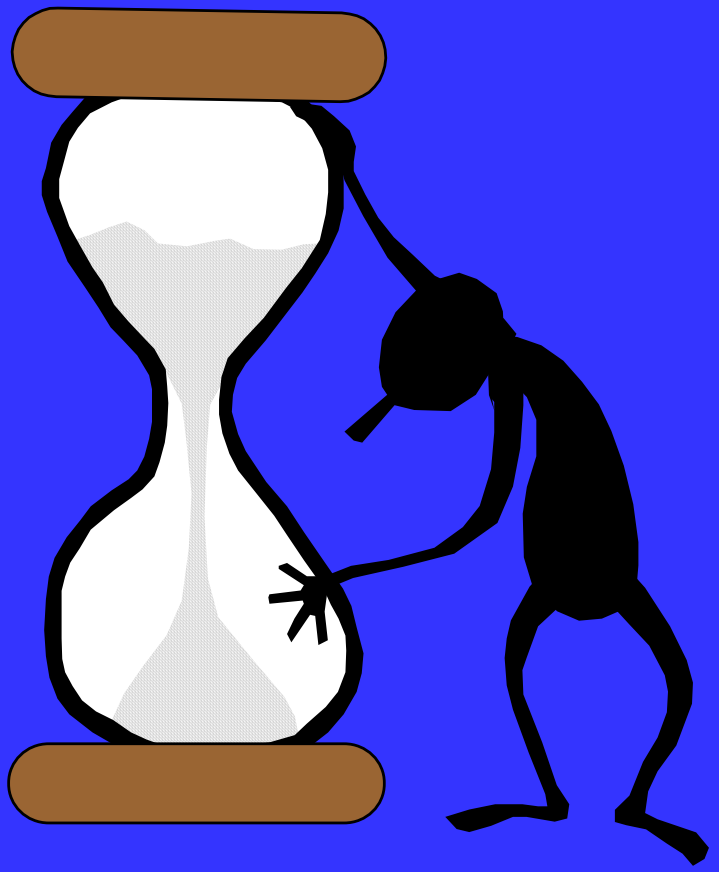
RLA Supplement

- A RLAS should only be needed if an unexpected, necessary expense is incurred beyond the planned budget. The RLAS should only be submitted if the RLA amount for the period of the ICLB is in jeopardy of being expended. The BDDS service coordinator should be immediately consulted.
- RLAS should not be used due to poor monthly budgeting that allowed the consumer to continually exceed the budgeted amounts in the ICLB.

Time Frame for Submission of ICLBS

- Provider Grant Agreement states: Section III, D -- "….All claims and reports must be submitted to State within sixty (60) calendar days after the month of service delivery, and all final claims must be submitted to State within (60) days after the expiration of this agreement, or state will deny payment"
- Submission of claims and submission of ICLBs are two related, but separate activities. Therefore, ***approval by BDDS of the ICLB start date does not guarantee payment.***

TIME FRAMES FOR SUBMISSION OF ICLBS



- In an effort to reduce redlined claims and increase the Provider's ability to comply with the 60 day period for billing after service delivery, time frames for acceptance of ICLBs by BDDS will be strictly upheld effective May 1, 2003.

Time Frame for Submission of ICLBS

- It is recommended that ICLBs be submitted to BDDS 6 weeks prior to the current ICLB expiration date and prior to beginning new services. Please note that no one should begin new services with State Line Item funded services, without prior approval by the BDDS Director, regardless of cost
- Any ICLB submitted after the expiration date of the current ICLB or after new services have already begun is considered late and requires justification.
- It is suggested that providers establish an internal process to track ICLB due dates to ensure submission in a timely manner.
- Until April 30, 2003, BDDS will accept ICLBs with a start date back to February 1, 2003.

Time Frame for Submission of ICLBS

EFFECTIVE MAY 1, 2003:

- ICLBs must be received by BDDS prior to the expiration date of the current approved ICLB or prior to the start of new services to avoid being considered late.

- BDDS will only accept a late ICLB with a start date for the first of the month that the ICLB is received by the BDDS office. For example: If you realize May 16th that an ICLB expired January 31st, you can only submit the ICLB with a start date of May 1st. Therefore, once it is realized the ICLB is late, you should immediately submit an ICLB to BDDS.

Claims

- Instructions for Claim Submission
- Manual Claims
- Returning Funds
- Reasons for Approval
- Reasons for Denial
- Common Errors

Claim Form

- You must submit the original claim form, it is encrypted
- Each claim form must be completed for one claim period (one calendar month)
  - Example: 7/1/02-7/31/02
- The *For Period* must be completed with two separate dates or the claim form will be rejected

Claim Form (Shaded Area)

- Comp Code/Comp Desc: taken from the contract, Attachment A, identifies the costs (services) allowable to be claimed. If discounted, component can no longer be claimed
- Start/End Date: time frame in which component can be claimed, from contract, Attachment A
- Unit Desc: description of units to be claimed, from contract, Attachment A
- Units Claimed: where the number of units claimed is entered, if this is a cost reimbursement contract, leave section blank

Claim Form (Shaded Area), cont.

- Unit Rate: unit rate for purchase of service contracts, from contract, Attachment A
- Total Claimed: total amount claimed for reimbursement for each component
- Total for Service Code: must show total amt. claimed per service code
- Signature Page (final page of claim form): grand total for the claim, the total for all services codes must be entered here
  - The entity name, date, and certified by (along with phone number of who certified claim) must be completed in blue ink

Claim Form Submission

- Mail the claim form to the address indicated below the signature line of the claim form.
- Keep a copy of the claim with any applicable documentation, for records and future audit purposes.

Manual Claims

- Please follow instructions for Claim Form including the following:
  - Each claim packet includes 4 manual claim forms
  - To be used when claiming reimbursement for costs for periods prior to those previously claimed
  - Periods can be less than, but not greater than one calendar month
  - To be used when returning funds to FSSA
  - manual claims should be limited as much as possible.
  - additional copies of claim forms can be made for the Residential Program only

Returning Funds

- When returning funds use a manual claim form to make the appropriate adjustments to components
- This information will directly correspond to your organization's accounting records
- Make check payable to Treasure, State of Indiana
- Enclose the check with the manual claim form and mail to the address listed below the signature line of the manual claim
- Do not include other residential claims for payment with your manual claim form to return funds. These must be submitted separately.

Reasons for Approval:

- State of Indiana failed to enter ICLB or BMR in a timely manner.
- State of Indiana failed to approve ICLB or BMR in a timely manner.
- Emergency situation arose for the client making it impossible for the vendor to be timely. If a provider takes a client on an emergency basis the ICLB should be submitted to the BDDS District office within 10 business days.
- Client situation caused Medicaid eligibility to be delayed. Specifically, if the Medicaid Waiver did not cover the client back to the end of the existing ICLB. The State of Indiana will cover lag time up to 60 days.

Reasons for Approval:

- A State of Indiana employee entered ICLB or BMR incorrectly into the system (DART).
- State of Indiana did not supply claim forms to the provider in a timely manner. This should not occur after 3/1/03. Provider contract was not approved by new contract start date.
- State of Indiana was in negotiations with the provider for client benefits and documentation of negotiations can be provided.

Reasons for Denial:

- The provider did not submit ICLB or BMR prior to expiration of existing ICLB.
- Services were provided prior to the ICLB approval for new ICLB.
- ICLB or BMR needed additional information and/or corrections and the information was not provided upon State of Indiana request.
- Provider staffing issues including but not limited to provider staff vacancies, provider staff turnover and lack of appropriate training of existing provider staff.
- Claim form sent to any State of Indiana location except Claims P.O. Box 28.
- Claim not submitted within 60-day time frame (limit).

NOTE:

- **Decisions on claim approvals are subject to interpretation by the State of Indiana and the determinations of the *current* administration of DDARS and FSSA.**

  This list is not intended to be exhaustive.

Common Errors

- Continuing to resubmit a claim form if a claim has not been paid
- Submitting a claim form prior to receiving approval for an ICLB or BMR
- Wrong Social Security Number
- Wrong Provider name

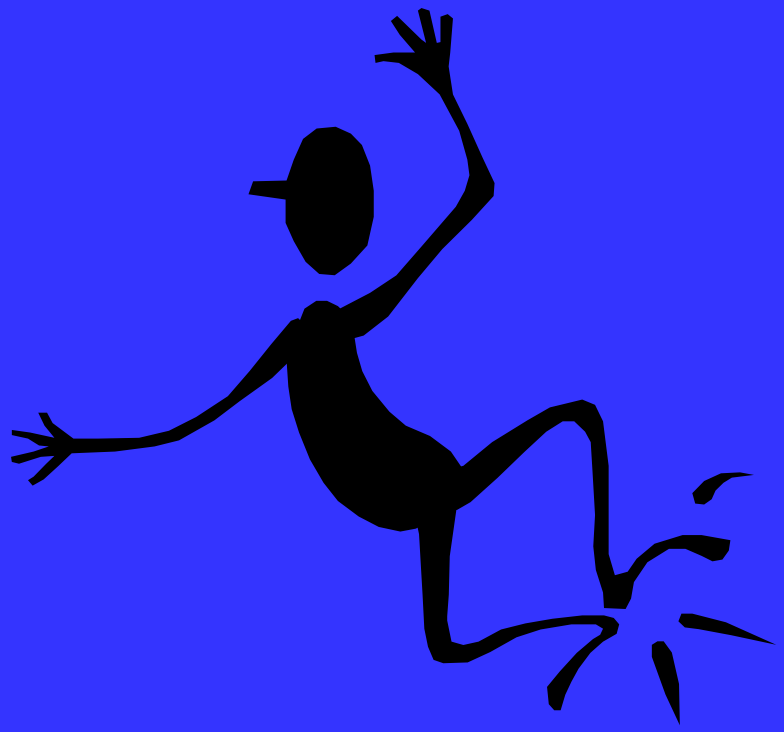
What's New for ICLBs starting May 1, 2003

- New Guidelines and Instructions to providers incorporating changes
- New ICLB form
- E-mail capabilities to notify providers and TCMs of approvals, request for information and denials
- Developing tracking mechanisms for ICLBs status and performance monitoring at all levels -- BDDS, BFS and Providers.

WHO TO CONTACT

- For form questions/data entry
  - Jennifer Wigley at jwigley@fssa.state.in.us or 317-232-1914
- Questions on specific ICLBs or clarification of instructions or BDDS Policies and Procedures
  - Your local BDDS District Office
- All other ICLB program related questions
  - Cheryl Waltermire at cwaltermire2@fssa.state.in.us or 317-232-7902
- Backbilling issues
  - Kristen Schunk at kschunk@fssa.state.in.us or 317-232-1147

ICLBS NOW!



FAQs

- **Who should complete the ICLB?** It can be completed by the Provider, Case Manager or BDDS service coordinator. However, it is a contract between the State and the provider; therefore, the provider needs to ensure completion.
- **Can CETA pay for going out to eat?** No. Going out to eat does not fall under CETA even if a goal is associated. This activity falls under CHPI and/or RHS.
- **Can ICLB be used to purchase gloves for staff?** No. That is an administrative cost incurred by the provider.
- **Can an expense such as postage to send something to a person's TCM be run through the ICLB or RLA?** Only if it is from the consumer. Not if it is the provider sharing information with the TCM.

FAQs

- **If the manager of the house is calling staff who happen to live long distance from the person's service apartment, can this go through RLA?** No. This is considered an administrative cost for the provider. RLA is only used for the basic needs of the consumer, not for costs incurred by the provider.
- **Can you use RLA to purchase office supplies used by staff to support the individual?** No.
- **Can you ever BMR [RLAS] for moving expenses?** Yes. All moves should be planned, but in those emergency situations where time does not allow to save, approval of moving expenses must be made prior to incurring the expense by the Director of BDDS. RLAS should be submitted through the local BDDS office.

FAQs

- **If RLA can be spread over the length of the ICLB, why am I getting redlined?** RLA spread over the length of the ICLB only went into effect for ICLBs with start dates of 10/1/02. Check to see if the ICLB you are trying to bill against has an earlier start date. If so, that RLA amount remained at the monthly amount. If not, contact your service coordinator for further investigation.
- **How do consumers who are not working get any spending money?** Presently, if you do not have an income, you are not eligible for personal discretionary funds; therefore, spending money is limited to what is available for activities in CETA. BDDS will look further into this issue; however, the team should assist in accessing activities which do not cost money whenever possible

FAQs

- **Can RLA cover guardianship fees?** No. It is not considered as a reimbursable expense through the RLA payment mechanism.
- **Can start-up funds be saved if not used right away?** No. Start-up funds need to be used within the first 90 days.
- **Can someone on the Support Services Waiver have an ICLB?** No. In addition, an ICLB should not be used in conjunction with the BAIHS waivers (A&D, TBI, etc.)
- **Can we change our AFC placements to RHS hours and just eliminate the AFC level from the budget?** This is a change in placement and any change such as this would need to be approved by BDDS.
- **Can T124 be used for AFC settings?** No. Per Bulletin #23, item #9, AFC settings are not considered 24/7.

FAQS

- **RLE is still on the current ICLB form. Can this be used for AFC?** No. Someone receiving Adult Foster Care services is no longer eligible for RLA/RLE. RLE is still available for Children's Foster Care funded on ICLB only.
- **Now that consumers' Social Security no longer applies to the householder, how does the provider account for expenses?** A plan for spending the income needs to be included in the consumer's ISP. The TCM and/or provider need to monitor closely to ensure consumer remains Medicaid eligible.
- **When can RHS be added to the plan with AFC services?** RHS may be added to the plan, as appropriate, to cover for the time when the Foster Parent is working. However, demonstration will need to be made as to why RHS is required instead of "day programming" in the community. No more than 160 hours should be in a plan per month.

FAQS

- **When do you convert budgets to the AFC levels?**
  - If a consumer was on the DD waiver as of 1/1/03, AFC services should be added starting 1/1/03 and is no longer eligible for RLA/RLE
  - If a consumer is on the Autism Waiver as of 4/1/03, AFC services should be added starting 4/1/03 and is no longer eligible for RLA/RLE.
  - If a consumer is funded completely with state line item funds, revise budget as the ICLB expires or ICLB needs revised.
  - If billing has occurred prior to converting services to the waiver, these situations need to be addressed on a case by case basis.

Closing

- ICLBs are a joint effort between all parties
- Seeking volunteers to help test new form
- Questions about specific consumer budgets
- Will compile FAQs and get out to providers
- Evaluation form